



Allied Health • Therapies

October 2005 • Bulletin 360

Contents

HIPAA/HCPSC Reminder	1
Rate Adjustment for TLSO	1
Rate Adjustment for O & P Appliance and Service Codes	1
DME for CCS Clients	2

2005 CPT-4/HCPSC Codes and Modifiers Update

Effective November 1, 2005, the following code and modifier conversions are taking place due to annual HCPSC updates and/or mandated HIPAA conversions:

- Conversion to the 2005 CPT-4 and HCPSC Level II codes
- Policy updates related to the 2005 CPT-4 and HCPSC Level II code updates
- ICD-9 procedure code update for inpatient providers
- HIPAA-mandated conversion of hearing aid and accessory codes and modifiers
- HIPAA-mandated conversion of interim modifiers
- HIPAA-mandated conversion of respiratory care practitioner codes

Policy for all updates were announced in the September 2005 *Medi-Cal Update*. Provider manual updates are included in this month's *Medi-Cal Update*.

Rate Adjustment for Thoracic-Lumbar-Sacral Orthoses (TLSO)

Retroactive to dates of service on or after September 22, 2003, the maximum allowance for HCPSC code L0486 (TLSO, triplanar control, two piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated) is increased to \$1,354.09. Providers who submitted claims for code L0486 for dates of service on or after September 22, 2003 do not need to resubmit a claim. Claims will be automatically reprocessed. *These changes are reflected on manual replacement page ortho cd1 3 (Part 2).*

Rate Adjustments for Selected Orthotic & Prosthetic (O & P) Appliance Codes

Effective for dates of service on or after November 1, 2005, reimbursement rates will be adjusted for the following O & P appliance codes:

- L3140 and L3150 (abduction and rotation bars)
- L3300 and L3310 (shoe modification - lifts)
- L3530, L3540, L3550 and L3570 (miscellaneous shoe additions)
- L3610 (transfer or replacement)
- L3911 (custom fitted wrist-hand-finger orthosis)

Please refer to the *Orthotic and Prosthetic Appliances* section in the appropriate Part 2 manual for a list of O & P appliance HCPSC codes and maximum allowances for these codes.

These changes are reflected on manual replacement pages ortho cd1 17 thru 20 and 22 (Part 2).

Durable Medical Equipment (DME) for California Children's Services (CCS) Clients

The following Durable Medical Equipment (DME) codes are allowed only for California Children's Services (CCS) clients and require authorization by the CCS program:

<u>HCPCS Code</u>	<u>Description</u>
A4606	Oxygen probe for use with oximeter device, replacement
E0445	Oximeter device for measuring blood oxygen levels non-invasively
E0463 *	Pressure support ventilator with volume control mode, may include pressure control mode, used with invasive interface (e.g. tracheostomy tube)
E0464 *	used with non-invasive interface (e.g. mask)
E0481	Intrapulmonary percussive ventilation system and related accessories
E0482	Cough stimulating device, alternating positive and negative airway pressure
E0635	Patient lift; electric, with seat or sling
E0639 *	Patient lift, movable from room to room with disassembly and reassembly, includes all components/accessories
E0640 *	Patient lift, fixed system, includes all components/accessories

* Effective for dates of service on or after November 1, 2005. The other codes listed are currently effective.

This information is reflected in a new provider manual section, Durable Medical Equipment (DME): Billing Codes for California Children's Services (CCS), dura cd ccs 1 (Part 2).

October 2005

Therapies Bulletin 360

Remove and replace: *Contents for Therapies Billing and Policy i/ii **
appeal form 1/2 **, 7/8 **
audio 11 *
cal child ser 7/8 *
children 1 thru 4 **
cif sp 3 thru 8 *

Remove: dura cd 3 thru 23
Insert: dura cd 3 thru 24 * (*new*)

Insert after
*Durable Medical
Equipment (DME): Billing
Codes and
Reimbursement*

Rates: dura cd ccs 1 (*new*)

Remove and replace: dura cd fre 1 thru 4 *
hcpcs iii 3/4 *
mcs manag 1/2 *

Remove: medi cr hcfa 1 thru 24
Insert: medi cr hcfa 1 thru 20 * (*new*)

Remove: medi cr hcf exa 1 thru 5
Insert: medi cr hcf exa 1 thru 3 * (*new*)

Remove and replace: medi cr hcf pra 9 *

Insert after *Medi/Medi
Crossover Claims:
Medi-Cal Pricing
Examples for*

Allied Health section: medi cr ub 1 thru 7 * (*new*)
medi cr ub ex 1 thru 5 * (*new*)

Remove and replace: medi non hcp 1/2 *
modif app 1 thru 7 *
ortho cd1 3/4, 5/6 *, 9 thru 16 *, 17 thru 22, 25/26 *
ortho cd2 5 thru 10 *, 15 thru 22 *
respir 3 thru 6 *
share hcfa 3/4 **
tar crit nf 7/8 **
tar dis cod 3/4 *
tar field 1/2 **

* Pages updated due to ongoing provider manual revisions.

** Pages updated due to ongoing provider manual revisions. County Medical Services Program (CMSP) providers should remove these pages but retain them in the Appendix of their provider manual for future reference.